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COST OF OUTPATIENT HYPERTENSION PHARMACOTHERAPY—COMPARATIVE STUDY BETWEEN BULGARIA AND SERBIA

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OBJECTIVES: Pharmacotherapy costs represents huge burden for health institutions. The aim of the study is to compare prescribing practice and cost of outpatient hypertension pharmacotherapy between Bulgaria and Serbia. **METHODS:** A one year retrospective study from the point of view of the health system was performed, based on the collected reimbursed prescriptions with diagnosis AH (I10–I11) and for its complications—heart failure (I.50); sequelae of cerebrovascular disease (I.69); angina pectoris (I.20). Therapy was analysed according to the complexity (mono-, di-, etc.), frequency of prescribed medicines, reimbursed drug prices, and patient co-payment. To calculate the cost of the outpatient therapy was build a decision tree model matching the frequency of particular brand name prescribing, their prices, and complexity of therapy. **RESULTS:** The relative share of uncomplicated hypertension is comparable (67% in Serbia and 65% in Bulgaria). The ACE inhibitors are the first choice for hypertension treatment in both countries. Hypertension monotherapy differs significantly (47% in Bulgaria and 6% in Serbia), while di-therapy is comparable (35% and 30%). Among the complications prevails prescriptions for angine pectoris (70% in Serbia and 42% in Bulgaria) and heart failure (7% and 26%). The complications are usually treated with more than one medicine in Serbia while the monotherapy in Bulgaria is 66%. By including the cost and prevalence of mono-, di- etc therapy in the “decision tree” model we receive that the waged monthly cost of outpatient pharmacotherapy per patient with uncomplicated hypertension account for €12.56 in Serbia and €6.90 in Bulgaria. The total monthly cost of hypertension considering the chance of having complications is €13.39 in Serbia and €8.23 in Bulgaria. Patient co-payment in Bulgaria is higher. **CONCLUSIONS:** International cost comparisons are possible but depend on many external factors as regulatory and price control measures, prescribing habits, reimbursement policy.

PCV34

COST-EFFECTIVENESS OF GADOFOSVESE-ENHANCED MAGNETIC RESONANCE (MR) ANGIOGRAPHY FOR THE PATIENTS WITH CHRONIC PERIPHERAL ARTERIAL OBSTRUCTIVE DISEASE (PAOD) IN KOREA

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OBJECTIVES: To assess the cost-effectiveness of gadofosveset-enhanced MR Angiography (VV-MRA) compared with conventional extracellular contrast agents enhanced MRA (EC-MRA), and computed-tomography angiography (CTA) for the diagnosis and treatment of chronic PAOD patients in Korea. **METHODS:** It is assumed that diagnostic test affects the treatment decision and the patient's health outcome consequently. Decision analytic model based on the published clinical guidelines for the PAOD diagnosis and treatment was constructed. We adopted societal perspective and 1 year time horizon. The sensitivity and specificity of imaging diagnostic tests were extracted from published studies to estimate probabilities of diagnostic positive and positive predictability. The studies that used the conventional angiography or digital subtraction angiography as a gold standard were included. Costs broke down into imaging costs and treatment

costs. They were collected from experts' panel survey and National Health Insurance Claims database. All costs were expressed in 2007. Quality weights for health outcomes were extracted from published studies. Incremental cost-effectiveness ratio was calculated and sensitivity analysis for various uncertain parameters was conducted. **RESULTS:** For the base case analysis, incremental cost per QALY of VV-MRA was 24,591,939KRW/QALY (US426,078/QALY) compared with CTA, and EC-MRA was dominated. The results of sensitivity analysis showed that the costs of imaging and treatments, and the probabilities of the treatment options didn't change the results. The result could be influenced by prevalence rate. **CONCLUSIONS:** VV-MRA technique was the cost-effective option compared with EC-MRA and CTA for diagnosis for patients with chronic peripheral arterial obstructive disease.

PCV35

COST-EFFECTIVENESS ANALYSIS OF STROKE REHABILITATION STRATEGIES IN EASTERN CHINA

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OBJECTIVES: Stroke is the second leading cause of death in China, and its incidence is expected to increase over the years despite primary prevention efforts. The aim of this study was to compare the costs and health effects of stroke rehabilitation strategies in eastern China. **METHODS:** A literature review of the possible stroke rehabilitation strategies was conducted to compare their impact on costs and health effects. Treatment effects were based on changes measured using functionality scales such as the Modified Barthel Index (MBI). These changes were transformed into general health-related quality of life (QOL) improvement according to a generic QOL instrument (EQ-5D). Costs included direct medical and non-medical costs but did not include indirect costs. **RESULTS:** Three different strategies could be identified. The first strategy is one month of hospitalization including rehabilitation, which is what most stroke patients receive. The second is one month of hospitalization with rehabilitation for six months. The third strategy is hospitalization for six months and no active rehabilitation. Rehabilitation for six months achieves the greatest health improvement (MBI = 65) but at the greatest cost (RMB34,000), while one month of hospital including rehabilitation is the least effective (MBI = 35) and cheapest strategy (RMB19,000 RMB). Extended hospitalization without rehabilitation results in intermediate costs and effects (MBI = 45 at a cost of RMB29,500). **CONCLUSIONS:** Full rehabilitation for six months appears to be the most cost effective option for stroke patients in China. Unfortunately, this strategy is out of reach for most Chinese patients, and this is due to many factors including lack of facilities and skilled personnel. Efforts need to be taken to find effective and cost-effective strategies that can be provided to the majority of Chinese stroke patients.

PCV36

COST-EFFECTIVENESS AND COST-UTILITY ANALYSIS OF TRITACE COMB (RAMIPRIL/HCTZ) IN TREATMENT OF HYPERTENSION IN POLAND

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OBJECTIVES: To determine the cost-effectiveness and cost-utility of Tritace Comb (ramipril+ hydrochlorothiazide) compared to standard therapy of ramipril and hydrochlorothiazide (HCTZ) used in monotherapy and compared to compound